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K/C

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home				Fairview Building #2									
Visit Date 10/5/17	Fairview	Time Spent in Facility	0	hr	7	min	Arrival & Departure Times	1	:	08	-	1	:	15	PM
Person Exit Interview was held with: Teresa Allen							Interview was held	(In-Person) or Phone (Circle)							
SIC (Supervisor in Charge)		Other Staff: (Name & Title)													
Committee Members Present: Paula Garber, Susan Stuart, and Bennett Lincoff							Report Completed by: Bennett Lincoff								
Number of Residents who received personal visits from committee members: 2															
<input checked="" type="checkbox"/>				<input type="checkbox"/>				<input checked="" type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Resident Profile								Comments & Other							
Observations															
1. Do the residents appear neat, clean and odor free?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No									

Commented [1]:

personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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4. Were residents interacting w/ staff, other residents & visitors?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

6. Did you observe restraints in use?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

7. If so, did you ask staff about the facility's restraint policies?

Resident Living Accommodations Observations

Comments & Other

Did residents describe their living environment as comfortable?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Did you notice unpleasant odors in commonly used areas?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Does the facility accommodate smokers?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Where? Outside only Inside only Both Inside and Outside.

Were residents able to reach their call bells with ease?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Services

Comments & Other Observations

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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ack choices?

Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Does the Facility have a Resident's Council?



Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>The facility was generally neat and clean. Lunch had recently been eaten. It was chicken fried rice, corn, and croissant. Bananas had been served as part of breakfast.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.